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Space Below For Office Use Only

FEBRUARY 2, 2024  
 MARCH 1, 2024  
 MARCH 18, 2024  
 MAY 2, 2024

**STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE**

[1-45-108(1) & 1-45-109, C.R.S.]

**For use by a candidate who has not received any contributions (does not have a candidate committee), but has made expenditures of personal funds.**

Name of Candidate: \_\_\_\_\_

Address of Candidate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office: \_\_\_\_\_ District No.: \_\_\_\_\_ Elec./Yr.: \_\_\_\_\_

Reporting Period: Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Total amount of Non-Itemized Expenditures (\$19.99 or less): \$ \_\_\_\_\_**

**Expenditures exceeding \$19.99 shall be itemized and listed below.**

| Date Expended | Amount | Name of Recipient |     | Address           |
|---------------|--------|-------------------|-----|-------------------|
|               | \$     |                   |     |                   |
| City          |        | State             | Zip | Comment / Purpose |
|               |        |                   |     |                   |

| Date Expended | Amount | Name of Recipient |     | Address           |
|---------------|--------|-------------------|-----|-------------------|
|               | \$     |                   |     |                   |
| City          |        | State             | Zip | Comment / Purpose |
|               |        |                   |     |                   |

| Date Expended | Amount | Name of Recipient |     | Address           |
|---------------|--------|-------------------|-----|-------------------|
|               | \$     |                   |     |                   |
| City          |        | State             | Zip | Comment / Purpose |
|               |        |                   |     |                   |

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_